

## Department of Health Promotion and Community Health

### HPCH 301 (Sect 1) Health Communication [2 credits]

#### Course Syllabus Spring Semester, Academic Year 2023-2024

#### **Class time and Venue:**

Date: Wednesday  
Times: 3:30am- 5:10pm  
Venue: Van Dyck 103

#### **Course Instructors and Contact Details:**

Name: Mayada Kanj  
mkanj@aub.edu.lb  
Office: VD Room 306  
Office Hours: by appointment

#### **Course Description:**

Health communication is a discipline that examines how human and mediated communication can influence the outcomes of health-care and health promotion efforts. This core MPH course introduces you to the basic concepts of health communication and its scholarship, including the focal areas of health literacy, patient-provider communication, social marketing, health campaigns, risk communication, crisis communication, and health advocacy. During the course, you will discover how communicating health is influenced by individual, social and societal factors. The course will provide you with tools to critically evaluate existing health campaigns and to outline strategies to effectively communicate with different audiences about health-related topics. You will review and design culturally appropriate, evidence-based health messages for specific publics. Additionally, you will learn how to effectively communicate scientific information to different audiences (e.g., general population, experts, the media) using appropriate oral and written materials and communication channels.

Format: Lecture & Discussion

## Course learning Objectives

**By the end of the course, students will be able to:**

LO1. Differentiate between health, risk, and crisis communication, social marketing, and media advocacy for public health.

LO2. Specify steps needed to develop and disseminate health messages to varied audiences (professionals, the media, policy makers, and the public). [CC18,20]

LO3. Analyze, interpret, and evaluate materials for disseminating a health message. [CC18,20]

LO4. Apply persuasive communication strategies and models to the design of public health materials. [CC18, 19]

LO5. Design effective and culturally appropriate oral and written materials targeting selected publics, using appropriate digital or traditional media channels. [CC18,19,20]

LO6. Discuss issues related to communicating data and other findings of health and science research to the public. [CC19]

LO7. Discuss the ethical, cultural and professional issues surrounding the use of communication techniques and apply ethical principles to the presentation and communication of public health messages. [CC19]

LO8. Apply effective interpersonal communication and group interaction skills (listening, openness to others' ideas, preparation, contribution, leadership).

## Council on Education for Public Health (CEPH) Core/Concentration Competencies mapped to HPCH 301

- **CC18.** Select communication strategies for different audiences and sectors.
- **CC19.** Communicate audience-appropriate public health content, both in writing and through oral presentation.
- **CC20.** Describe the importance of cultural competence in communicating public health content.

## Essential Skills

- **Essential Skill 1:** Critical thinking and analysis
- **Essential Skill 2:** Cultural competence

Link to [PHEO Faculty Portal](#)

**Course Learning Objectives mapped to CEPH competencies**

Table 1. Mapping of course LO to CEPH competencies

	L01	L02	L03	L04	L05	L06	L07	L08
<b>CC18.</b> Select communication strategies for different audiences and sectors.		X	X	X	X			
<b>CC19.</b> Communicate audience-appropriate public health content, both in writing and through oral presentation.				X	X	X	X	
<b>CC20.</b> Describe the importance of cultural competence in communicating public health content.		X	X		X			

**Assigned Text Book and Readings (if applicable)**

HPCH 301 has a **recommended** textbook:

A big part of this course is based on the book “Health communication: From theory to practice.” edited by Roberta Schiavo (2013), published by John Wiley & Sons. A digital version of the book is available from ProQuest Ebook Central, accessible from AUB libraries (e-book). Selected book chapters and other mandatory readings are highlighted with an asterisk (\*).

*Additional Suggested Instructions:*

The course will also use an assortment of educational resources including: publications, reports, white papers, videos and case studies. All course readings, except for book chapters, will be posted on Moodle according to the weekly topic and reading schedule. It is the responsibility of students to access the Moodle and download/ print the course readings as per the weekly schedule.

**Course requirements and Student evaluation:**

**Student Evaluation:**

Table-2 Summary of students' assessments mapped to course learning objectives

	Learning Objectives							
	LO1	LO2	LO3	LO4	LO5	LO6	LO7	LO8
<b>Science Communication Activity</b>		X				X	X	
<b>Forum Discussion</b>	X							
<b>Message Analysis and Development</b>			X	X	X		X	X

Table -3 Description of Assessment methods, Due Dates and Corresponding Learning Objectives

Assessment method	Date (tentative)	Grade percentage
<b><i>Participation</i></b>	<i>Throughout the course</i>	5%
<p>The quality and amount of learning in this course will largely depend on the active participation during all sessions; whether in the form of discussions during lectures or when students will be working in smaller groups. Students are expected to prepare the readings before coming to class and be able to contribute to ongoing discussion and respond thoughtfully to other students' comments.</p>		
<b><i>Science Communication (A1)</i></b>	<i>March 16</i>	35%
<p>Students will select a scientific paper and prepare either a 500-word news article or a 3 minute video to translate / disseminate the scientific content. Along with the news piece students will submit a report which explains 2-3 concepts / frameworks they used to prepare the messages, objective of their communication and the audience of interest in this news piece.</p>		
<b><i>Forum Discussion (A2)</i></b>	<i>April 10</i>	20%
<p>This will be a Q and A forum. Students will read a case study and answer questions that would demonstrate their understanding and ability to differentiate among the different frameworks discussed in the course: risk communication, persuasive communication and message framing.</p>		
<b><i>Message Analysis and Development (A3)</i></b>	<i>April 26</i>	40%
<p>Working in groups of 3-4, you will analyze a specific component of a selected, existing public health campaign, provided by the instructors or proposed by the students. You will research the topic and understand the context of the campaign, target audiences, and communication objectives, etc. using available online resources. The group will complete a message evaluation form using predefined criteria that will be provided by the instructor. Based on the message analysis, you will brainstorm and develop key, alternative messages to improve the analyzed campaign component. You will have to apply persuasive communication strategies, while considering socio-cultural and ethical principles. The final presentation will briefly outline the campaign information, and then delve into the message analysis. The presentation will summarize the result of the message analysis and highlight the strengths and weaknesses of the messages. The presentation will include also the new messages developed by the team, hence providing recommendations for improving the campaign, if needed.</p>		

## **Policies and other General Notes:**

### **Academic integrity:**

Education is demanding and you need to properly manage your time. Do not hesitate to use the resources around you but do not cut corners. Cheating and plagiarism will not be tolerated. Review the Student Code of Conduct and familiarize yourself with definitions and penalties. Cheating might earn you a failing mark on the assignment, at the very least. You might fail the course in which you cheated, be warned, suspended or expelled from University and a permanent mention of the disciplinary action might be made in your student records. If you are in doubt about what constitutes plagiarism, ask your instructor because it is *your* responsibility to know. Remember that the American University of Beirut has a strict anti-cheating and anti-plagiarism policy. Do not become a lesson to others. For further information, kindly visit AUB's Policies and Procedures or <http://pnp.aub.edu.lb/general/conductcode>.

In this course, the use of words, images, ideas or content that is created/generated by other people or digital tools such as AI as content created by you is considered academic misconduct, which is taken very seriously at FHS and AUB. The use of content generated by AI is considered automated plagiarism. Please note that materials generated by digital tools such as AI may be inaccurate or problematic with unknown primary sources as these tools may provide inaccurate information and cite non-existing sources. Beware that the inappropriate use of these digital tools may impact your ability to think independently and creatively.

### **Students with Disabilities:**

If you have a disability, for which you may request accommodation in AUB classes, consult the website for more information and make arrangements with the Coordinator ([http://www.aub.edu.lb/sao/Pages/Students\\_20with\\_20Special\\_20Needs.aspx](http://www.aub.edu.lb/sao/Pages/Students_20with_20Special_20Needs.aspx)). Also see the instructor of this course privately in regard to possible support services that can be provided to you.

### **Non-Discrimination- Title IX- AUB**

AUB is committed to facilitating a campus free of all forms of discrimination including sex/gender-based harassment prohibited by Title IX. The University's non-discrimination policy applies to, and protects, all students, faculty, and staff. If you think you have experienced discrimination or harassment, including sexual misconduct, we encourage you to tell someone promptly. If you speak to a faculty or staff member about an issue such as harassment, sexual violence, or discrimination, the information will be kept as private as possible, however, faculty and designated staff are required to bring it to the attention of the University's Title IX Coordinator. Faculty can refer you to fully confidential resources, and you can find information and contacts at [www.aub.edu.lb/titleix](http://www.aub.edu.lb/titleix). To report an incident, contact the University's Title IX Coordinator Mitra Tawk at 01-350000 ext. 2514, or [titleix@aub.edu.lb](mailto:titleix@aub.edu.lb). An anonymous report may be submitted online via EthicsPoint at [www.aub.ethicspoint.com](http://www.aub.ethicspoint.com).

### **Accessible Education Office (AEO):**

The Accessible Education Office (AEO) coordinates academic accommodations and services for all eligible AUB students with disabilities (such as ADHD, learning difficulties, mental health conditions, chronic or temporary medical conditions, and others). If you have a disability for which you wish to request accommodations at the department, faculty or university level, please contact AEO as soon as possible. Once you register with the office

the team will assist you in receiving appropriate accommodations and will liaise with your instructors and any related entity to best support your needs. AEO is located in West Hall room 314, and can be reached by phone at 1-350000 ext. 3246 or by email: [accessibility@aub.edu.lb](mailto:accessibility@aub.edu.lb). Information about our services can be found at: <https://www.aub.edu.lb/SAO/Pages/Accessible-Education.aspx>

**Writing:**

Written communication is essential for communication, health education and behavioral science. You are expected to proofread and spell-check any written documents before submission. Points will be deducted from the grades for low quality writings. You are encouraged to contact AUB's Writing Center, located in Ada Dodge Hall, 2nd floor or West Hall, 3rd floor. Appointments can be booked online: [aub.mywconline.com](http://aub.mywconline.com), over the phone (Ext. 4077) or by walking in.

**Public Health Education Office**

Please refer to the Public Health Education Office Student Portal:  
<https://sites.aub.edu.lb/fhspeostudent/>



**Detailed course outline:**

Session/date	Topic	Required Readings	Assignments where learning will be Assessed
Session 1 Jan 24	Introduction to the course Going through the syllabus		
Session 2 Jan 31	Health communication and its scholarship -Approaches and action areas: Current Health Communication Theories and Issues: -Selected behavioral and social science theories and frameworks	Schiavo (2014),  Chapters 1 and 2	Assessment 2
Session 3 Feb 7	Application Health communication theories		Assessment 2
Session 4 Feb 14	Current Health Communication Topics and Issues Disparities, empowerment, eHealth and Health literacy (intro)	Johns et al. (2017)  Gollust et al. (2014)	Assessment 1 and 3
	Culture and diversity in healthcare Cultural competence	Schiavo (2014), Chapter 3	Assessment 1 and 3
Session 5 Feb 21	Risk and crisis communication Discussion on risk communication frameworks CDC's Crisis and Emergency Risk Communication (CERC) model	Glick (2007); Ruiter  et al. (2014); Veil et  al. (2008)	Assessment 2
Session 6 Feb 28	Application Risk and crisis communication		
Session 7 March 6	Visual Communication and Science Communication  Communicating science: effective poster presentations	Chang (2015);  El-Jardali (2015)	Assessment 1  <i>Discuss A1</i>
Session 8 March 13	Crafting messages: framing; argumentative structure.  Evaluating Public Health Campaign Messages	Akl et al. (2011)  Gallagher & Updegraff (2011);  Morrison et al. (2005)	Assessment 2 and 3  <i>Submit A1 March 16</i>

<i>Session 9</i> <i>Mar 20</i>	Persuasive communication strategies	Cialdini (2001); Rimer & Kreuter (2006)	Assessment 2 and 3 <i>Forum opens</i>
<i>Session 10</i> <i>Mar 27</i>	Factors to consider when developing messages: Health Literacy and eHealth Literacy (media, technology, science, functional, ...)	Norman & Skinner (2006); El-Benny et al. (2021)	Assessment 3 <i>Forum closes</i>
<i>Session 11</i> <i>Apr 3</i>	Health Campaigns & Community Health Initiatives Discussion: differences between approaches: Public Health Campaigns and Social Marketing	Schiavo (2014), Chapter 10  Atkin (2000);  Wakefield et al. (2010)	Assessment 3  <i>Discuss A3</i>
<i>APRIL 10</i> <i>Holiday</i>			
<i>Session 12</i> <i>Apr 17</i>	Meeting with groups to discuss final Project		
<i>Session 13</i> <i>Apr 24</i>	Last class session / Group presentations		<i>Submit A 3</i>

### Course readings:

The asterisk (\*) indicates mandatory readings

#### Session 4. Current trends in Health Communication

Community Toolbox (n.a.) Chapter 27. Cultural Competence in a Multicultural World.

Available from: <https://ctb.ku.edu/en/table-of-contents>

\*Gollust, S. E., & Cappella, J. N. (2014). Understanding public resistance to messages about health disparities. *Journal of Health Communication*, 19(4), 493-510.

\*Johns, D. J., Langley, T. E., & Lewis, S. (2017). Use of social media for the delivery of health promotion on smoking, nutrition, and physical activity: a systematic review. *The Lancet*, 390, S49.

#### Session 5. Risk and crisis communication

\*Glik, D. C. (2007). Risk communication for public health emergencies. *Annual Review of Public Health*, 28, 3354.

Finkel, A. M. (2008). Perceiving others' perceptions of risk. Still a task for Sisyphus. *Annals of New York Academy of Science*, 1125, 121137.

Reyna, V. F. (2012). Risk perception and communication in vaccination decisions: A fuzzy-trace theory approach. *Vaccine*, 30(25), 3790-3797.

\*Ruiter, R. A., Kessels, L. T., Peters, G. J. Y., & Kok, G. (2014). Sixty years of fear appeal research: Current state of the evidence. *International Journal of Psychology*, 49(2), 63-70.



\*Veil, S., Reynolds, B., Sellnow, T. L., & Seeger, M. W. (2008). CERC as a theoretical framework for research and practice. *Health Promotion Practice*, 9(4\_suppl), 26S-34S.

### **Session 7. Visual communication and Science communication**

\***Chang, C. (2015)**. Motivated Processing How People Perceive News Covering Novel or Contradictory Health Research Findings. *Science Communication*, 37(5), 602–634.

Doi:10.1177/1075547015597914

\***El-Jardali F, Bou Karroum L, Bawab L, Kdouh O, El-Sayed F, Rachidi H, et al.**

(2015) Health Reporting in Print Media in Lebanon: Evidence, Quality and Role in Informing Policymaking. *PLoS ONE* 10(8): e0136435. doi:10.1371/journal.pone.0136435

**Foster, C., Tanner, A. H., Kim, S.-H., & Kim, S. Y. (2014)**. National Conversations About the Costs of U.S. Health Care A Content Analysis of Media Coverage, 1993-2010. *Science Communication*, 36(5), 519–543. doi:10.1177/1075547014536882

**Hinnant, A., & Len-Ríos, M. E. (2009)**. Tacit Understandings of Health Literacy Interview and Survey Research With Health Journalists. *Science Communication*, 31(1), 84–115.

doi:10.1177/1075547009335345

**Kendall-Taylor, N. (2012)**. Conflicting Models of Mind Mapping the Gaps Between Expert and Public Understandings of Child Mental Health. *Science Communication*, 34(6), 695–726. doi:10.1177/1075547011429200

\***Khalid, M.Z., & Ahmed, A. (2014)**. Entertainment-education media strategies for social change: Opportunities and Emerging Trends. *Review of Journalism and Mass Communication*. 2(1): 69-89.

**Parrott, R., Hopfer, S., Ghetian, C., & Lengerich, E. (2007)**. Mapping as a visual health communication tool: promises and dilemmas. *Health Communication*, 22(1), 13-24.

**Schwitzer, G. (2014)**. A guide to reading health care news stories. *JAMA Internal Medicine*.

174(7): 1183-1186.

### **Session 8. Crafting Messages**

\*Akl, E. A., Oxman, A. D., Herrin, J., Vist, G. E., Terrenato, I., Sperati, F., Schünemann, H. (2011). Framing of health information messages. *Cochrane Database of Systematic Reviews*, (12). <http://doi.org/10.1002/14651858.CD006777.pub2>

El Benny, M., Kabakian-Khasholian, T., El-Jardali, F., & Bardus, M.\* (forthcoming) The application of the eHealth literacy model in digital health interventions: A scoping review of the literature. *Journal of Medical Internet Research* 2021;23(6):e23473

\*Gallagher, K. M., & Updegraff, J. A. (2011). Health Message Framing Effects on Attitudes, Intentions, and Behavior: A Meta-Analytic Review. *Annals of Behavioral Medicine*.

<http://doi.org/10.1007/s12160-011-9308-7>

Mayer, N. D., & Tormala, Z. L. (2010). “Think” Versus “Feel” Framing Effects in Persuasion. *Personality and Social Psychology Bulletin*, 36(4), 443–454.

<http://doi.org/10.1177/0146167210362981>

\*Morrison, F. P., Kukafka, R., & Johnson, S. B. (2005). Analyzing the structure and content of public health messages. *AMIA ... Annual Symposium Proceedings. AMIA Symposium*, 540–544.

Noar, S. M. (2012). An Audience–Channel–Message–Evaluation (ACME) Framework for Health Communication Campaigns. *Health Promotion Practice*, 13(4), 481–488.

<https://doi.org/10.1177/1524839910386901>

Public Health Ontario, & Dalla Lana School of Public Health. (2012). Health communication message review criteria. Toronto, Canada: Queen’s Printer for Ontario. Retrieved from

[https://www.publichealthontario.ca/en/eRepository/Health\\_communication\\_message\\_review\\_criteria\\_2012.pdf](https://www.publichealthontario.ca/en/eRepository/Health_communication_message_review_criteria_2012.pdf)

### **Session 9. Persuasive Communication**

\*Cialdini, R. B. (2001). Harnessing the science of persuasion. *Harvard Business Review*, 79(9), 72–81.

\*Rimer, B. K., & Kreuter, M. W. (2006). Advancing Tailored Health Communication: A Persuasion and Message Effects Perspective. *Journal of Communication*, (56), 184–201.

Shen, F., Sheer, V. C., & Li, R. (2015). Impact of narratives on persuasion in health communication: A meta-analysis. *Journal of Advertising*, 44(2), 105-113.

### **Session 10. Health and eHealth Literacy**

**Berkman, N.D., Sheridan, S.L., Donahue, K.E., et al. (2011).** Low health literacy and health outcomes: an updated systematic review. *Annals of Internal Medicine*, 155, 97–107.

**Dickens, C., Lambert, B. L., Cromwell, T., & Piano, M. R. (2013)** Nurse Overestimation of Patients' Health Literacy, *Journal of Health Communication*, 18:sup1, 62-69, DOI: 10.1080/10810730.2013.825670

\***El Benny, M., Kabakian-Khasholian, T., El-Jardali, F., & Bardus, M.\*** The application of the eHealth literacy model in digital health interventions: A scoping review of the literature. *Journal of Medical Internet Research*

**Jensen, J. (2011).** Addressing health literacy in the design of health messages. *Health communication message design: Theory and practice*, 171-190.

\***Norman, C. D., & Skinner, H. A. (2006).** EHealth Literacy: Essential Skills for Consumer Health in a Networked World. *Journal of Medical Internet Research*, 8(2), e9. doi:10.2196/jmir.8.2.e9

**Nutbeam, D. (2000).** Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259–267.

**Nutbeam, D. (2008).** The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078. doi:10.1016/j.socscimed.2008.09.050

**Taggart, J., Williams, A., Dennis, S., Newall, A., Shortus, T., Zwar, N., Harris, M. F. (2012).** A systematic review of interventions in primary care to improve health literacy for chronic disease behavioral risk factors. *BMC Family Practice*, 13, 49. doi:10.1186/1471-2296-13-

### **Session 11. Health Campaigns & Community Health Initiatives**

\*Atkin, C. K. (2000). Theory and principles of media health campaigns. In Rice RE & Atkin CK (eds) *Public Communication Campaigns* (3rd ed). Sage publications: California, London and New Delhi.

\*Wakefield, M.A., Loken, B., & Hornik, R.C., (2010). Use of mass media campaigns to change health behavior. *The Lancet*. 376 (748), 1261–1271 doi:10.1016/S0140-6736(10)60809-4

**Appendix I. Reinforced – Introduced CEPH competencies**

Introduced competencies: the competency is introduced at a basic level. Instruction and learning activities focus on basic knowledge, skills and entry-level complexity. The competency is **not assessed**.

Reinforced competency: The competency is reinforced with feedback; students demonstrate the outcome at an increasing level of proficiency (above the introductory stage). Instruction and learning activities concentrate on enhancing and strengthening existing knowledge and skills, as well as expanding complexity. The competency is **not assessed**.

Core Competencies	Introduced	Reinforced
CC8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs		X